



### SLP Support Personnel Registration Renewal

Your SLP support personnel registration in the state of Indiana expires on 12/31/2014. To renew, please print and complete this form in its entirety and submit it with the renewal fee of \$25 to the office address shown in the above right corner. If it postmarked after 12/31/2014 you must include a \$50 late fee. If you answer 'Yes' to any question below please send a detailed explanation with this form.

<b>LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address</b>			
Name	License Number	Enter Expiration Date	Renewal Fee \$25
Street Address			
City	State	Zip Code	
Phone Number	Email Address		
<b>QUESTIONS</b>			
1. Since you last renewed, has any health professional license, certificate, registration or permit you hold or have held been disciplined or are formal charges pending?			Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?			Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?			Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Since you last renewed have you had a malpractice judgment against you or settled a malpractice action?			Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>LICENSEE AFFIRMATION</b>			
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.			
Signature of Licensee			Date (month, day, year)
Signature of Supervisor		Supervisor License Number	Date (month, day, year)

Visit [www.pla.in.gov](http://www.pla.in.gov) for additional information regarding your registration. If you have any questions for the Speech-Language Pathology and Audiology Board please email [pla4@pla.in.gov](mailto:pla4@pla.in.gov) or call 317-234-2067.

***"We're striving to cut red tape and remove barriers to practice to make Indiana a state that works! Have ideas? Please give us your suggestions at [www.in.gov/cutredtape](http://www.in.gov/cutredtape)." -Nicholas W. Rhoad, PLA Executive Director***

<b>FOR OFFICE USE ONLY</b>		
Renewal Fee	Receipt No.	Date